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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Pima State Index No. 121
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 447
Town of Miami Local Registrar's No. _____
or _____
City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Infant Garcia } Born } NO
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate <u>yes</u>	Date of Birth <u>Aug 22</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jose Garcia</u>			Full Maiden Name <u>Mercedes Rana</u>		
Residence <u>Miami Aug</u>			Residence <u>Miami Aug</u>		
Color or Race <u>Mexican</u> Age at last Birthday <u>36</u> (Years)			Color or Race <u>Mexican</u> Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>H.R.</u>		

Number of child of this mother 3 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 22 1919, at 5 P M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) No Branton
(Attending physician, midwife, householder.*)

Given or Christian name added from a

Supplemental report _____ 191_____

Address

Filed Aug 25 1919

A True Copy

Filed SEP 9 1919

071-822-4411
COUNTY REGISTRAR.

No Branton
LOCAL REGISTRAR.
B.G. Jay
COUNTY REGISTRAR.